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ABSTRACT

Although the effects of counselor reassignment on counseling are of concern, research has not examined whether anticipated reassignment to another counselor or the reassignment procedure produces substantial anxiety for clients. Two exploratory investigations were conducted to examine these issues. In the first study, clients of a university-based counseling clinic were informed of disposition options of continuing counseling with a new counselor or discontinuing counseling. Clients in a second disposition condition were also given the option of keeping their same counselor. The results did not support the prediction that clients who anticipated reassignment to other counselors would report greater anxiety than clients who anticipated countinued counseling with their current counselors or clients who voluntarily planned to discontinue their counseling. In the second study clients in a community counseling agency were reassigned using either low or high preparation procedures. Results of the second study indicated that clients who reported higher levels of attraction to their counselors experienced greater anxiety in response to their reassignments relative to clients who reported lower levels of attraction to counselors. Clients who had seen their counselor for over five sessions reported lower levels of anxiety when reassignments included higher preparation. (NB)

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Effects of Counselor Reassignments and Reassignment Procedures on Client Anxiety

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Abstract

Related studies investigated the effects on anxiety of selected client reassignment conditions, including high and low preparation, emotional attachment to counselor, and number of sessions.

Effects of Counselor Reassignments and Reassignmenent Procedures on Client Anxiety

The effects of counselor reassignments on counseling process and outcome are of particular concern to community mental health agencies and university counseling centers. Staff members often must reassign clients due to changes in job assignments or completion of practica and internship training.

Many college and university counseling centers offer practicum and internship training to graduate students while providing mental health services to clients. The typical practicum and internship experience is time limited, involving one year or less of service in the counseling center. Thus, it is often necessary to reassign certain clients to other counselors within the center or to refer them to other counseling agencies when trainees complete their experiences. Keith (1966) suggested that, when client reassignments are dictated by agency needs rather than by client needs, consideration should be given to using procedures which minimize the potentially negative impact of reassignments on clients' subsequent therapeutic progress.

A review of the literature revealed little recent information on the effects on clients' affective or behavioral reactions to being reassigned from one counselor to another. Most of the writings, regarding the effects of reassignments, are conceptual in nature and grounded in object relations theory (Fairbairn, 1954). According to this perspective, as a client develops a therapeutic relationship with his/her counselor, the counselor becomes the primary object of emotional attachment, a parental substitute upon whom the client becomes dependent for relief from pain (Scher, 1970). If this caretaker is "taken away" from the client during the course of therapy, the

loss is symbolically experienced as a reenactment of an earlier object loss, that of the parent. Thus, the anticipated loss of the therapist-object is associated with separation anxiety conceptually similar to the anxiety experienced by children separated from a parent upon whom they are excessively dependent (Burnham, 1965; Glenn, 1971; Pumpian-Mindlin, 1958; Scher, 1970).

Sederer (1975) used terms such as "Secondhand Rose" and "marketplace" to describe client transfers from one therapist to another. Sederer encouraged the mutual cooperation of clients and therapists in order to deal effectively with clients' difficult tasks of completing therapeutic work with and separating from the therapist with whom an emotionally charged relationship has developed. According to Glenn (1971), anxiety is the most common affectual response to separation from the therapist. Burnham (1965) conceptualized this anxiety as a perception of danger and reaction of distress to the impending isolation engendered by separation from a needed person (the therapist). Schiff (1966) warned against allowing a client to "sink or swim" while being terminated or reassigned; he emphasized the need for concern with clients' feelings of anxiety, rejection, and abandonment.

Pumpian-Mindlin (1958) studied the effects of client transfers in a Veterans Administration mental hygiene clinic, staffed by an average of four resident psychiatrists and six to seven graduate students in clinical psychology. He found that most clients' anxiety at being transferred to new therapists was reduced when a) clients were given a specific appointment time with their new therapists and waited only a short period, and b) clients had a meeting with both the previous therapist and the new therapist present. Scher (1970) found that transfer anxiety could be reduced through a) careful advanced preparation of the client, b) accurate communication of information about the client to the new therapist, and c) preparation of the clients' family as well as the clinic or hospital staff.

These assertions are primarily grounded in object relations theories and derived from

observations of clients in long-term psychotherapy relationships (one year or more in duration). However, there are potential implications for reassignments (i.e., transfers of clients among counselors within the same facility or to counselors in different agencies) conducted during the course of brief counseling in university counseling centers, as well as in other agencies. Although counseling relationships may not be conceptualized as "object substitutions" by counselors espousing other theoretical approaches, many theorists acknowledge that successful counseling relationships involve a certain level of emotional attachment of client to counselor (Corey, 1986).

If, indeed, clients in short-term counseling do experience anxiety in anticipation of being reassigned, this anxiety may signal the likelihood of dysfunctional or counter-therapeutic behaviors when the client attempts to form counseling relationships with subsequent staff members. Thus, counseling center staff members and supervisors may wish to avoid assigning those clients requiring relatively long-term therapeutic contacts to counselor trainees, or these staff members and supervisors may wish to ensure that clients are carefully prepared to cope with their counselor trainees' departure prior to the actual reassignment event (Sederer, 1975, Strean & Blatt, 1973).

Robison, Hutchinson, Barrick, and Uhl (1986), in a survey of reassignment practices utilized by counseling centers throughout the United States, found that most of those centers clustered in the "low preparation" block regarding client reassignments (p. 467). Additionally, Robison et al. (1986) found that a growing number of practitioners seem to be questioning the generally accepted belief that reassignment of clients to new counselors is inherently bad.

Currently, there is no empirical evidence to indicate whether or not anticipated reassignment to another counselor or the procedure by which this is done produces substantial anxiety for clients who have seen their original counselor for relatively few contact hours (8-12). Therefore, the researchers conducted the following exploratory investigations to a) determine whether or not

clients receiving short-term counseling from trainees at a university-based counseling clinic experienced anxiety in anticipation of being reassigned to other counselors at the end of their counselor trainees' practicum experiences and b) whether or not different reassignment procedures would affect clients' anxiety levels.

It was necessary to establish an operational definition of anxiety related to reassignment which was both consistent with object relations theory and applicable to other theoretical systems as well. Thus, "anticipatory separation anxiety" was defined as a form of state anxiety (Spielberger, Gorsuch, & Lushene, 1969), that is, an immediate anxiety state produced by receiving information that the current counselor trainee would depart the clinic and another counselor would be assigned to continue providing services to the client.

Since the asserted relationship between anticipated reassignment and anticipatory anxiety is theoretically a product of the client's emotional bond to the counselor, the responses to anticipated reassignment of clients reporting substantial levels of bonding with their current counselors were studied. Due to the conceptual similarity in the counseling literature and for ease of measurement, "bonding" was defined in terms of attraction to counselor.

Instruments

Attraction to Counselor/Counseling Scale (ACS)

This scale was constructed to measure levels of clients' interpersonal attraction to their counselors and emotional investment in their counseling relationships. The scale consists of 23 statements (e.g., "My counselor is one of the most important people in my life at this time." "My counseling sessions are a high priority among my week's activities."). Clients responded to each statement on a seven-point Likert-type response scale (Strongly Disagree - Strongly Agree).

The attraction scale had been developed by the researchers during the previous quarter, utilizing a different pool of clients at the clinic. Factor analysis revealed one factor (22 items) accounting for 78 percent of total variance of responses to items. The 22 item scale exhibited an internal consistency (Cronbach Alpha) of .94 and a test-retest reliability of .90 and was found to

correlate substantially with clients' verbal reports of their attraction to counselors and weightings of the value of their counseling sessions relative to other weekly activities. Scores obtained by the norm group were converted to T scores. In this study, clients in the clinic population who obtained T scores of 70 or greater were selected as participants.

Clients selected for the sample were those who reported greatest levels of emotional attraction to their counselors. This was determined by administering the ACS to all clients who had completed six sessions with their counselors by the eighth week of the quarter (Study 1) and to all clients during the fifth week of the quarter (Study 2).

State-Trait Anxiety Inventory (STAI)

Both the State (SAI) and the Trait (TAI) Anxiety Inventories, which comprise the State-Trait Anxiety Inventory (STAI), were used to measure participants' levels of anxiety in Study 1. Since levels of trait anxiety were expected to influence state anxiety scores, TAI scores were treated as a covariate in the data analysis. In Study 2, the SAI was used to measure participants' levels of anxiety.

Spielberger et al. (1969) reported SAI reliabilities ranging from .33 to .43, noting that the scale is sensitive to situational fluctations in anxiety. Metzer (1976) found the STAI to be a highly reliable measure with the ability to discriminate between high- and low-stress situations. Ray (1984) reported that the STAI is roughly as reliable and suitable for the general population as it is for students. Other authors also found support for the state-trait distinction in anxiety research (e.g., Donat, 1983; Gaudry, Vagg, and Spielberger, 1975; Joesting, 1975; Johnson, 1968).

Trait Anxiety Inventory (TAI)

The TAI was used to measure participants' general anxiety levels prior to informing them of their disposition.

State Anxiety Inventory (SAI)

The SAI was used to measure participants' anxiety levels immediately after their disposition was established (i.e., reassignment to new counselor, continued counseling with current counselor, or voluntary termination of counseling).

Method (Study 1)

Participants (Study 1)

All clients (19 males and 36 females) aged 16 years and older who entered the clinic during

the first two weeks of the practicum quarter (11 weeks in length) and who obtained T scores of 70 or greater on a scale (ACS), measuring attraction to counselor/counseling, were selected for the study. Clients ranged in age from 16 to 59 years (median age = 35 years) and were community residents, representing a wide range of educational and occupational backgrounds. Comparison of sample and population characteristics revealed no significant differences in age, educational, or socioeconomic characteristics. Clients' reasons for seeking counseling included depression, anxiety, poor self-concept, guilt, academic/school difficulties, decision-making problems, interpersonal problems, sexual concerns, marital conflicts, family conflicts, spouse abuse, child abuse, dating relationships, and grief/illness issues. All clients in the sample had completed at least eight one-hour sessions with their assigned counselors at the time of the experimental intervention.

Counselors (Study 1)

Counselors were 24 master's level students who were enrolled in advanced counseling practicum courses. These students had completed one previous practicum experience at the clinic that included a minimum of 30 client contact hours.

Procedure (Study 1)

Participants completed the ACS and TAI prior to their counseling sessions during the eighth week of the quarter. At the beginning of sessions conducted during the tenth week, all participants were informed of their disposition options. Clients whose counselors were to complete their training experience at the clinic were given a memo at the beginning of the session which contained the following information:

"On November 19, the Fall Quarter academic term at this university will come to a close. On that date, your counselor will complete (his/her) training at this clinic and will no longer provide counseling services here. Therefore, after November 19, (he/she) will be unable to continue as your counselor. The clinic staff would like to make you aware of your options regarding further counseling. The purpose of this memo is to give you information about these options. After you have read this memo, your counselor will ask you to complete a brief questionnaire. Next, you will be given a form on which to indicate your preference for one of the options listed below. Please remember that you may change your preference at a later time. However, we ask that you not discuss these options with your counselor until you have completed both the questionnaire and the

form that will follow the questionnaire. When you have completed these materials, you may then discuss your options with your counselor.

Your options are as follows: 1) You may decide to continue your counseling at this clinic with another counselor on our staff. If you select this option, another counselor will be assigned to work with you after November 19. 2) You may decide to discontinue your counseling at this clinic, but request a referral to another public or private mental health agency. If you select this option, we will assist you in contacting another agency or clinic. 3) You may decide to discontinue counseling at this clinic without requesting a referral to another agency. When you have finished reading this memo, please indicate this to your counselor. Thanks so much for your time and patience."

Immediately after clients had read the information, counselors administered the SAI. When clients had completed the SAI, they were administered a form which requested their preference for either a) reassignment to another counselor in the clinic during the next quarter; b) termination of counseling services at the clinic with referral to another agency; or c) termination of counseling services at the clinic, without referral by the clinic. After clients had indicated their preferences, sessions were completed with no additional experimental intervention.

In the second disposition condition, clients whose counselors were to continue working at the clinic during the following quarter were also given an information sheet to read. It was similar to that completed by the first disposition group, except that it informed clients that their current counselor would be available to work with them for another quarter. They were given the additional option of continuing with the same counselor. No client selected the option of referral to a counselor in another agency. Thus, the reassignment condition included only clients who selected the option of being transferred to another counselor at the Practicum Clinic during the following quarter.

Results (Study 1)

Mean SAI scores obtained by participants in the three disposition groups were analyzed using one-way analysis of variance with TAI scores treated as a covariate. Adjusted means and standard deviations on the SAI by disposition groups are presented in Table 1.

Insert Table 1 about here

A sequential sums-of-squares procedure was used to compute the covariate effect, followed by the factor effect adjusted for the covariate. The Covariate (Anxiety) X Factor (Disposition) interaction was not significant ($F(2) = 1.34$, $p = .27$), supporting the assumption of homogeneous slopes across the three disposition categories. The covariate effect of Trait Anxiety was significant ($F(1) = 7.41$, $p = < .01$) and indicated a positive relationship between TAI and SAI scores. After adjusting for the covariate, the main effect of disposition on SAI scores was not significant ($F(2) = .63$, $p = .54$). Thus, the hypothesis that clients anticipating reassignment to a new counselor trainee would report higher levels of anxiety than clients continuing with the same counselor or clients terminating counseling at the clinic was not supported.

Method (Study 2)

In this study clients in a community counseling agency, whose counselors were unable to complete their therapeutic contacts, were reassigned using one of two procedures. These procedures were identified in a recent study (Robison, et al., 1986) as representative of procedures commonly used in university counseling centers. In the first procedure, clients were provided with minimal information and preparation for reassignment to new counselors; in the second procedure, clients were provided with substantial amounts of information and cognitive preparation. Examination of previous writings indicated that the effect of preparation on anxiety was influenced by clients' attachment to the departing therapist and length of time in therapy. Two additional relationship variables were studied: a) clients' attraction to their counselors and counseling activities and b) number of sessions that clients had worked with their counselors prior to being informed of their impending reassignments.

Two hypotheses were tested. Stated in their null form, they were a) no differences in anxiety levels associated with reassignments will be observed between clients receiving high amounts of reassignment preparation and clients receiving minimal preparation, as a function of levels of emotional attachment to their counselors; and b) no differences in anxiety levels associated with reassignment will be observed between clients receiving high amounts of reassignment preparation and clients receiving minimal preparation, as a function of the number of counseling sessions that they had had prior to being informed of their reassignments.

Participants (Study 2)

Participants were 27 male and 30 female clients who were to be reassigned to new counselors at a counseling practicum clinic. This study did not include clients who participated in Study 1. Also, to control for the possible effects of reassignment prior to the experimental treatment, only those clients who had not been reassigned within the clinic prior to the academic quarter in which they participated were included in the study. Clients ranged in age from 16 to 69 years (median age = 41 years) and represented a wide range of educational and occupational backgrounds. Most clients entered counseling to obtain help with interpersonal relationship and personal adjustment difficulties similar to those described in study 1.

Counselors (Study 2)

Counselors were 16 masters level students enrolled in advanced practicum. They represented a diversity of theoretical orientations and academic backgrounds. All counselors were to complete their training experiences in the clinic at the end of the academic quarter and had indicated which of their clients would need to be transferred for completion of services. These clients, identified for transfer by their counselors, served as participants in the study.

Procedure (Study 2)

During the fifth week of the quarter, clients to be reassigned at the end of the practicum quarter (11 weeks in length) completed the ACS. The distribution of ACS scores was computed and used to categorize clients into two levels of Attraction to Counselor/Counseling. Clients obtaining ACS scores below the distribution median were categorized into a "Low Attraction" level (mean score = 75.1), while clients with ACS scores above the median were classified into a "High Attraction" level (mean score = 102.0).

During the sixth and seventh weeks of the quarter, counselors were trained to follow two procedures for informing clients that they were to be reassigned to other counselors at the end of the quarter. These two procedures were as follows:

Procedure 1 (Low Preparation Condition): At the beginning of the counseling session during the ninth week of the quarter, the counselor informed the client that s/he would not be able to contiunue the counseling relationship beyond the current quarter and that the client would be reassigned to another counselor in the clinic. The client was asked if s/he wished to receive further counseling. The counselor answered the client's questions concerning the intended reassignment but

initiated no detailed information about the new counselor, the process through which the new counselor had been selected, or actions that the client might take to begin counseling effectively with the new helper. Also, the counselor did not initiate a discussion of his/her therapeutic relationship with the client but did discuss their relationship if the client initiated the discussion.

Procedure 2 (High Preparation Condition): At the beginning of the counseling session during the ninth week of the quarter, the counselor informed the client that s/he would not be able to continue the counseling relationship beyond the end of the current quarter and that the client would be reassigned to another counselor in the clinic for continued service. The counselor described the process through which the new counselor had been selected and provided information as to the new counselor's experience, theoretical orientation, and personal style of counseling. Also, the counselor initiated a discussion of common concerns associated with seeing new counselors, along with potential benefits of working with more than one counselor in the clinic. The client was asked to discuss his/her evaluation of his/her relationship with the counselor and to consider how therapeutic goals might be modified to reflect their work together. Finally, arrangements were made for the client to meet or to speak with the new counselor prior to their first session together.

Clients in both treatment conditions were informed of their reassignments at the beginning of the counseling session conducted during the ninth week of the quarter. Immediately following this session, clients completed the SAI, which was administered and collected by the clinic receptionist in the waiting room.

Participants were categorized into one of two levels of a Sessions factor. The number of sessions was treated as one of the independent variables in the data analysis. One Sessions factor level included clients who had seen their counselors for two to four sessions prior to the ninth week (mean = 3.2 sessions). The second level included clients who had seen their counselors for six to eight sessions prior to the ninth week (mean = 7.0 sessions).

Dependent and Independent Variables: In the data analysis, Reassignment Procedure (low versus high preparation), Attraction to Counselor/Counseling (low versus high), and Sessions Prior to Reassignment (two to four sessions versus six to eight sessions) were treated as independent variables. The dependent variable was level of State Anxiety, represented by scores on the SAI.

Results (Study 2)

Mean SAI scores obtained by participants were analyzed using a 2 (Reassignment Procedure) X 2 (Attraction to Counselor/Counseling) X 2 (Number of Sessions) factorial analysis of variance. SAI means and standard deviations for each cell in the design are presented in Table 2.

Insert Table 2 about here

The Reassignment Procedure X Attraction to Counselor/Counseling interaction effect was not significant ($F = .35$, $df = 1$, $p = .56$), indicating that SAI scores obtained by clients reassigned in the high and low preparation conditions did not differ substantially across the two levels of emotional attachment to counselors and valuing of counseling relationships. Therefore, Hypothesis One, in which no differences were asserted in anxiety levels of clients reassigned under conditions of high or low preparation, as a function of emotional attachment to the counselor and counseling relationship, was supported.

A significant Reassignment Procedure X Number of Sessions interaction effect was observed ($F = 6.9$, $df = 1$, $p = .01$). To identify the source of the interaction, Tukey's HSD test (Glass and Stanley, 1970) was used to compare cell means by Resssignment Procedure and Number of Sessions. These comparisons revealed that the mean SAI score for participants reassigned in the high preparation condition (Procedure 2) after six to eight sessions was significantly lower than the mean score for participants reassigned in the low preparation condition (Procedure 1) after six to eight sessions ($t8, 49 = 7.3$, $p = .01$) and after two to four sessions ($t8, 49 = 4.6$, $p = .01$).

Also, the mean SAI score for participants reassigned in the high preparation condition after two to four sessions was significantly lower than the mean score for participants reassigned in the low preparation condition after six to eight sessions ($t8, 49 = 5.7$, $p = .01$). Thus, Hypothesis Two, in which no differences were asserted in anxiety levels of clients reassigned under conditions of high or low preparation, as a function of number of sessions with counselors, was rejected.

Discussion (Studies 1 and 2)

Results of Study 1 did not support the prediction that clients who anticipated reassignment to other counselors would report greater anxiety than clients who anticipated continued counseling with their current counselors or clients who voluntarily planned to discontinue their counseling.

Furthermore, adjusted mean state anxiety scores for the three groups were slightly less than the normative mean for the SAI under nonstressful conditions (Spielberger et al., 1969), suggesting that anticipated reassignments/referrals to other counselors were not associated with substantial levels of anxiety.

Several factors may account for the absence of substantial anxiety in reaction to anticipated reassignment/referral. One of these factors pertains to the duration of contact between clients and their counselors prior to the experimental treatment. In this study, clients in the reassignment condition were formally notified about their counselors' departures and assessed for anxiety after eight sessions with their counselors. Budman and Ston (1983) have found that the median number of sessions in public and private counseling agencies ranges from eight to twelve visits.

In contrast, earlier clinical assertions of separation anxiety among clients anticipating reassignment were often based on observations of clients who had seen their therapists for substantially longer periods of time (e.g., Burnham, 1965; Glenn, 1971; Scher, 1970). Thus, it is possible that the duration of counselor and client contact in brief counseling is not long enough to allow the development of emotional bonding sufficient for separation to be experienced upon reassignment. Also, many clients who seek counseling at such agencies may expect that their counseling will be brief and that it will end shortly after the reassignment or referral.

A second factor, possibly accounting for low anxiety associated with reassignments, relates to differences in levels of psychological functioning between clients in the current studies and psychotherapy clients observed by earlier writers (e.g., Keith, 1966; Pumpian-Mindlin, 1958; Schiff, 1962). Clients described in earlier separation anxiety literature had been judged to require extended psychotherapy due to personality, cognitive, or affective disorders. Many clients who seek counseling from public counseling agencies or counselor training centers, such as the clinic in the current studies, may tend to function at more adaptive levels and be less likely to substitute counselors as objects fulfilling affective needs.

Sederer (1975) asserted that emotional reactions to anticipated reassignments may be modified by systematically preparing clients for the therapist's eventual departure. Amounts and types of preparation for reassignments received by clients prior to the experimental intervention were manipulated in Study 2 but not in Study 1. Counselors in the latter reassignment condition were unaware of the specific purposes of the study. However, since these counselors expected to

complete their practica at the end of the quarter, it is possible that they discussed reassignment issues with their clients. Therefore, some clients in the reassignment condition may have experienced less anxiety due to previous inadvertent preparation by their counselors.

In Study 2, the analysis of SAI scores indicated that clients who reported higher levels of attraction to their counselors experienced greater anxiety in response to their reassignments relative to clients who reported lower levels of attraction to counselors. It appears that the degree or intensity of clients' emotional attachment to helpers may affect clients' anxiety as related to reassignments conducted during short-term counseling contacts as well as reassignment anxiety observed in long-term therapy clients by Burnham (1965), Keith (1966), & Scher (1970). However, in contrast to Glenn's (1971) and Sederer's (1975) predictions, the provision of high levels of preparation for reassignment did not result in lower anxiety scores for more attracted clients, relative to less attracted clients.

There are at least two possible explanations for the apparent absence of an anxiety-reducing effect of preparation for more attracted clients. The most straightforward explanation is that, among highly attracted clients, preparation may not reduce feelings of loss associated with perceived separation from a needed person. Thus, while preparation may enable clients to begin therapeutic work more effectively with another helper, it may not reduce their emotional resistance to leaving the current counselor.

A second explanation may be that while clients in these studies reported substantial levels of attraction to their counselor and counseling contact, the strength of their attraction after less than ten sessions was not as intense as would be the case after several months of contact with the same counselor. Therefore, the anxiety produced by reassignments may not be sufficient to require reduction through greater levels of preparation for transfer.

Results of Study 2 also indicated that clients who had seen their counselor for more than five sessions reported lower levels of anxiety when their reassignments included greater levels of preparation, relative to anxiety reported by clients reassigned under conditions of lower preparation. Given the absence of an effect of preparation as a function of increasing attraction to counselor, it is suggested that, in short-term counseling, reassignment anxiety stems in part from clients' concerns that they will have to "start all over" with the new counselor and perhaps not be able to form new relationships of the same quality as those experienced with the current counselor.

The preparation provided in reasssignments may enable clients to anticipate what their subsequent counselor will be like and provide them with a cognitive strategy for entering a relationship with the new counselor. Thus, while clients may still experience anxiety at the perceived loss of a valued person, they may be able to cope more effectively with the loss by understanding why the current counselor must leave and by forming a plan for discussing their concerns with the new counselor.

The results of these studies would appear to have significant implications for reassignments conducted in short-term counseling agencies, such as mental health centers and college and university counseling centers. Clients who have worked with their counselor for several sessions may experience less anxiety and resistance to being reassigned when their counselor provides substantial preparation and structuring of their transfers to a new counselor. In Study 2, the high preparation reassignment condition included several interventions identified by Robison et al. (1986) as those used in many counseling agencies. These interventions included a) providing rationale for reassignment, b) description of the newly assigned counselor, c) discussion of the therapeutic relationship between the client and the current counselor, and d) discussion of common concerns and potential therapeutic benefits associated with seeing more than one counselor. In addition, each counselor arranged for his/her client to meet the newly assigned counselor prior to their first meeting together. Exploration of the anxiety-reducing effects of other specific reassignment interventions may encourage the development of a strategy which most effectively promotes smooth transitions between counselors, with minimal ensuing client anxiety.

Although the major conclusion of Study 1 is that clients reassigned in the context of brief counseling do not appear to experience substantial separation-related anxiety, several related areas for future research are recommended. One area concerns clients' behavioral responses to reassignments. Since the studies reported here were designed to emphasize affective reactions to anticipated counselor changes, subsequent behaviors while working with newly assigned counselors were not explored. The manifestation of anxiety is of significance because it has been related to poorer performance in therapeutic work conducted after counselor changes (Keith, 1966; Glenn, 1971).

In the current studies, the possible effects of particular client personality characteristics or diagnosed psychopathologies were not investigated. It is likely that clients differing in particular

personality characteristics or psychological disorders would exhibit varying levels of anxiety in response to reassignment and experience varying levels of anxiety reduction when provided higher degrees of preparation for reassignment. For example, clients whose personality profiles indicate dependence in interpersonal relationships may respond differently to reassignment than clients whose behavior in relationships suggests avoidance as a significant feature.

By extension, dependent clients may benefit to differing degrees from reassignment strategies which provide them with higher levels of information and preparation for changing counselors. It is suggested that interested researchers replicate this study with clients who demonstrate particular personality characteristics rather than with a general population of clients.

Related literature focuses primarily on potentially negative outcomes of reassignments and referrals. However, it is possible that counselor changes may also have positive effects on some clients' subsequent counseling progress. For instance, clients who experience difficulties in their relationship with a particular counselor may anticipate greater goal attainment and satisfaction with counseling after reassignment to a counselor with whom they are more interpersonally compatible. Likewise, contact with a counselor who differs from their current counselor in theoretical orientation and personal helping style may provide clients with an even greater variety of perspectives and ideas for dealing with their concerns. Additionally, clients may benefit by dealing successfully with the anxiety associated with counselor reassignment.

In summary, little is known about the effects of client reassignments on subsequent counseling relationships in university counseling centers, counselor training clinics, or public agencies. A review of the literature reveals little systematic research on this topic. The high response rate (80%) to a recent survey on counseling center reassignment practices (Hutchinson, Robison, Barrick, & Uhl, 1984) suggests more than a passing interest among practitioners. A growing number of the practitioners appear to be questioning the generally accepted belief that reassignment of clients is inherently bad or that a high level of preparation for reassignment is necessary. However, other counselor educators expressed that they feel a twinge of guilt when such reassignments are made as counselors-in-training complete their practica experiences. It would seem crucial for counselors and counselor educators to understand more thoroughly this aspect of the counseling process and the impact of current reassignment/referral procedures on subsequent client progress.

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Table 1

STAI Trait/State Anxiety Means, Standard Deviations within Client Disposition Conditions[a]

Disposition	Continuing, Same Counselor	Reassigned, New Counselor	Terminating
n	30	15	10
Males	10	5	4
Females	20	10	6
Mean, STAI Trait	42.68	45.08	42.56
Adj. Mean, STAI State	41.87	39.18	37.19
Adj. SD, STAI State	10.09	9.16	9.57

[a]State Anxiety means and standard deviations adjusted for covariate effects of Trait Anxiety

Table 2

STAI State Anxiety Means, Standard Diviations within Reassignment Procedure X Attraction to Counselor X Sessions Conditions

Variable	Level	N Participants	Mean SAI	sd
Procedure	Low Prep			
Attraction	Low			
Sessions	2-4	6	34.71	12.08
Sessions	6-8	6	42.06	7.32
Attraction	High			
Sessions	2-4	9	45.24	7.91
Sessions	6-8	8	52.32	4.24
Procedure	High Prep			
Attraction	Low			
Sessions	2-4	9	23.93	3.62
Sessions	6-8	9	22.65	3.7
Attraction	High			
Sessions	2-4	6	34.38	11.67
Sessions	6-8	4	26.70	2.13